



CHFP080

FORM No. 600

**Notice of appointment of liquidator  
Voluntary winding up  
(Members or Creditors)**

**600**

Please do not  
Write in this margin

**Please complete  
legibly  
preferably  
in black type or  
bold block  
lettering**

\*Insert full name  
of company

Pursuant to section 109 of the Insolvency Act 1986

To the Registrar of Companies  
(Address Overleaf)

For official use

Company number

--	--	--

08599609
----------

Name of Company

\* Dipstix Holdings Limited

Nature of Business

Holding Company

I/We give notice that I/We have been appointed liquidator(s) of the above company on

The appointment was by Members

Type of liquidation Members

Name of Liquidator	Steven Wiseglass
Office holder number	9525
Address	St John's Terrace 11-15 New Road Manchester M26 1LS

Signature

Date

23.12.15

Name of Liquidator
Office holder number
Address

Signature

Date

Presenter's name and address and  
reference (if any)

A1147

Steven Wiseglass  
Inquesta Corporate Recovery &  
Insolvency  
St John's Terrace  
11-15 New Road  
Manchester  
M26 1LS

Time Critical Reference

For Official Use  
General Section

Post room

THURSDAY



\*A4MY1802\*

A39

24/12/2015

#193

COMPANIES HOUSE